

## APPLICATION FOR PROGRAM SERVICE

UPDATE: ☐ 1 ☐ 2APPLICATION NUMBER:  -  -  - ☐ NEW APPLICANT☐ APPLICANT ON FILE☐ HBA

DATE: / /

LAST NAME

FIRST NAME

MI

SOCIAL SECURITY NUMBER

AREA CODE

TELEPHONE NUMBER

☐ HOME☐ CELL☐ CONTACT

HOME ADDRESS

CITY/TOWN

ZIP CODE

MAILING ADDRESS (if different)

CITY/TOWN

ZIP CODE

LOCATION: ☐ CITY ☐ RURALRACE: ☐ WHITE ☐ BLACK ☐ MULTI-RACE ☐ OTHERETHNICITY: ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINOMARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATEDHOUSING STATUS: ☐ OWNED ☐ RENTED ☐ SUBSIDIZED ☐ SHELTER ☐ HOMELESSFAMILY TYPE: ☐ SINGLE ☐ SINGLE PARENT FEMALE ☐ TWO-PARENT HOUSEHOLD WITH CHILDREN  
☐ SINGLE PARENT MALE ☐ TWO-PARENT HOUSEHOLD WITHOUT CHILDREN

Indicate the total monthly income amount for all household members receiving: \$ FOOD STAMPS \$ WIC

EMPLOYMENT: EMPLOYER'S NAME: \_\_\_\_\_

☐ YES EMPLOYER'S ADDRESS: \_\_\_\_\_☐ NO EMPLOYER'S TELEPHONE: \_\_\_\_\_OCCUPATION: ☐ LABORER ☐ SKILLED ☐ SALES ☐ PROFESSIONAL ☐ RETIRED ☐ STUDENT ☐ CLERICAL

HOW LONG UNEMPLOYED? YEARS MONTHS WEEKS

NAME	Social Security Number (SSN)	Relation to Applicant	Dis-abled Y/N	Birth Date	Ins. Y/N	Sex M/F	Last Grade Compl.	Income Source	CSBG/LIHEAP Total (NET) Monthly Income	WAP Total (GROSS) Monthly Income
1. APPLICANT	APPLICANT								\$	\$
2.									\$	\$
3.									\$	\$
4.									\$	\$
5.									\$	\$
6.									\$	\$
7.									\$	\$
8.									\$	\$
TOTAL MONTHLY HOUSEHOLD INCOME									\$	\$

## INCOME SOURCE CODES

- |  |  |  |
|--|--|--|
| 1) MONEY, WAGES, SALARIES (before any deductions)  | 8) MILITARY RETIREMENT/FAMILY ALLOTMENTS | 15) GAMBLING or LOTTERY WINNINGS (Net) |
| 2) NET RECEIPTS from Non-Farm/Farm self-employment | 9) UNEMPLOYMENT COMPENSATION             | 16) REGULAR INSURANCE/ANNUITY PMTS     |
| 3) SOCIAL SECURITY                                 | 10) VETERAN'S PAYMENTS                   | 17) STRIKE BENEFITS from UNION FUNDS   |
| 4) SSI - Supplemental Security Income              | 11) ALIMONY                              | 18) TRAINING STIPENDS                  |
| 5) TANF- Temporary Assistance for Needy Families   | 12) RENTAL INCOME (Net)                  | 19) OTHER - (Identify)                 |
| 6) PRIVATE OR RAILROAD RETIREMENT                  | 13) WORKER'S COMPENSATION                | 20) ZERO (\$0) INCOME                  |
| 7) GOVERNMENT EMPLOYEE RETIREMENT                  | 14) ESTATES/TRUSTS (Periodic Receipts)   |  |

By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or omission of information on this application may result in exclusion from further consideration for assistance and services.

Are you related to an agency employee or board member? ☐ No ☐ Yes

If yes, name: \_\_\_\_\_

Applicant's Signature

Date

I certify that reasonable attempts have been made to verify the above-reported household income information. I further certify that documentation to verify same is included in the applicant's official file/record

Agency Representative's Signature

Date

Agency Reviewer's Signature

Date

AREAS OF NEED: ☐ Employment ☐ Education ☐ Housing ☐ Nutrition ☐ Health ☐ Emergency ☐ EnergyPROGRAMS APPLIED FOR ☐ GEAP ☐ CSBG ☐ CSBG CASE MANAGEMENT ☐ NOT ELIGIBLEAND ELIGIBILITY: ☐ LIHEAP D/A ☐ LIHEAP ECIP ☐ PROJECT SHARE ☐ YLP ☐ WEATHERIZATION

## WEATHERIZATION

Do you want to have your home weatherized?

☐ No ☐ Yes

Has your home been weatherized since September, 1993?

☐ No ☐ Yes